

**Sure Start Nuneaton**  
**Evaluation of Group Delivery of Services**  
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Youth Affairs Unit  
De Montfort University

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## Introduction

Sure Start Nuneaton is a programme designed to support families with young children. It shares with other Sure Start programmes a goal of preparing young children to thrive when they reach school. It addresses five national objectives and many targets and measures, along with locally set targets. It includes about five hundred children within a set geographical area that experiences comparative economic need. Nuneaton is a Round 2 programme, which started delivering services in 2001.

The Youth Affairs Unit is a research and evaluation unit focusing on the ways that policies impact families, young people and communities. It sits within the Youth and Community Division in the School of Health and Applied Social Sciences at De Montfort University. Working with the programme, we set out the design for the Sure Start Nuneaton local evaluation nearly a year ago. The original research design proposed two evaluation sections, each related to a research question and its component parts, each concentrating on an aspect of Sure Start Nuneaton that appeared particular to that programme. Both sections were designed to have just over a year of fieldwork, with a research assistant working approximately one day per week.

This report concentrates on the first topic of the evaluation, the group work style of service delivery at Sure Start Nuneaton. Many services are delivered by multiple practitioners to informal groups. We refer to this as group-delivery of services. The second evaluation section will look at Family Support, how Sure Start Nuneaton provides that and what families feel they receive through it.

This report will set out the Research Question central to this first year of the local evaluation of Sure Start Nuneaton. It will go on to describe the Research Methods used and to report the Findings from each section of those methods. Following that, we will outline and discuss the Conclusions reached. We will close with Recommendations and Next Steps.

## Research Design Addressing Group Delivery of Services

### Our understanding of group-delivery of services at Sure Start Nuneaton

Group delivery of services is a pattern of service that appeared unusual at Sure Start Nuneaton because of its extent when compared with other Sure Start programmes and with mainstream provision of many services that make up Sure Start. For instance, services that might otherwise be delivered in individual sessions, such as speech and language support or support from a psychologist, were largely delivered to groups of parents and children, as was other parenting

support and information such as child development expectations and skills for playing with children and helping them to develop. Groups were generally open to anyone to all eligible families and most were of a set duration, repeated at intervals. Some groups run continuously.

By definition as a Sure Start programme, Sure Start Nuneaton is community-centred and community based, responding to the needs of a small geographic area and tailored to suit its residents. In conversation with community members, practitioners, the Development Director and Programme Manager when we began the evaluation, we learned that Sure Start Nuneaton's commitment to a community focus meant that it attempted to make its services and premises relaxed and not intimidating, with direction from the community in ways to do that, for instance in the decoration of the rooms. A foundational premise was that having some stress-free time was important, by itself, for parents, carers and children, and that along with information and professional support, groups at Sure Start could offer parents a break and peer support. Additionally, it was recognised that people absorb information best when they are relaxed and comfortable and a semi-structured group would provide that setting for learning.

When designing Sure Start Nuneaton to be responsive to community members' needs, group delivery of services played another part by making all practitioners available to members of the community. Thus a specialist like the Child Psychologist or Health Visitor may be involved in a play group for a session for several reasons: she will become known by parents and carers and get to know them; parents can ask any questions that relate to her speciality, in their own time without the pressure of a scheduled appointment; practitioners have information to impart, that they believe is important for parents to hear or that parents have requested. By having specialists available easily and informally to community members, it was hoped that parents could bring up difficulties early on, as they noticed something of concern. This could be done without the stigma of explaining their concerns to many people before reaching a specialist, without waiting for referral, without compressing concerns into one brief appointment; and to a specialist they were familiar with in an environment where they could get peer support if they wished.

### The Research Question

Sure Start Nuneaton offers many different groups: antenatal groups; breast feeding support; play and development groups for different ages; topic-specific groups such as speech and language and living with confidence; adult-only information sessions and classes, as well as more individualised services. Not all of the groups are delivered in the same fashion, but we set out, in this first phase of the evaluation, to consider **whether group-delivered services, often delivered by multiple practitioners, seemed to be more effective, all-round, than more standard delivery styles.** This was our central research question.

The mainstream services may have antenatal preparation in one place, child development information in another, other specialised information by referral, waiting list and appointment only.

## The Sure Start Area

From the Delivery Plan and early conversations with programme staff and local residents, we learned about the Sure Start area. The area was designed to encompass approximately 381 families, with 565 children under four years. We know that these numbers will change as families move in and out of the area, children are born or reach the age of four, etc., but they appear to be reliable approximate numbers. (Sure Start Nuneaton Delivery Plan p.4, citing Warwickshire Health Authority figures for December 1999) The area contains at least 3 separate neighbourhoods: a Travellers' site on the edge of the Area with a very small population, and two much larger sections separated by main roads.

### The Sure Start Area - Donnithorne

The first of these two sections is largely composed of Council-built housing in cul-de-sacs, often designed with several bedrooms. It is about 15 minutes away from the town centre if travelling by bus, and significantly separated from the town centre by main roads, a park and railway tracks. This section of the town is significantly lacking in basic services including a general practice surgery, a chemist, and shops beyond a corner store. Sure Start Nuneaton has a converted store-front in this section of the Sure Start area, where services are offered. The facility is on Donnithorne Avenue, and we tend to refer to this geographic section as 'Donnithorne,' though locally different pieces of it have different names including Old and New Hilltop. The population of this area is largely White British, and possibly due to the design of the housing alone, contains many families with three or more children.

### The Sure Start Area - Riversley

The second large section contains the main Sure Start Nuneaton facility at Riversley Park. For the purposes of this document, we therefore refer to the section as 'near Riversley.' In reality, this section is again locally broken into many different neighbourhoods with different names, and Riversley Park is on the edge of the Sure Start Area. This section contains pieces of the neighbourhoods known as Chilvers Coton, Abbey and the Town Centre. It is bordered by the inner ring road of the town centre and includes several surgeries, schools and a shopping street that becomes part of the pedestrianized town centre. The housing here is largely terraced on short streets, privately rented or occupied by owners. The population here is more diverse, with an especially large Asian British population. The town mosque is within this section, as is the Sikh centre. Everyone we spoke to considered this a more prosperous section of Nuneaton than Donnithorne.

More prosperous does not mean thriving, however. According to the Sure Start National Evaluation Summary, Characteristics of Sure Start local programme areas, Rounds 1-4, 'Low income, unemployment and child poverty in Sure Start local programme areas are all more than double the national averages.' (Barnes et al. June 2003, [http://www.surestart.gov.uk/\\_doc/O-4BD92B.pdf](http://www.surestart.gov.uk/_doc/O-4BD92B.pdf))

#### Ethnicity and Languages in the Area

Ethnic breakdown and languages present appears difficult to assess for the Sure Start area. Numbers quoted in the Sure Start Nuneaton Delivery Plan (p.4) are drawn from the Warwickshire Health Authority and from the 1991 census, and they offer total populations that differ by over 1500 people, 7883 and 9520. We don't know if this is because the census statistics are arranged ward by ward and do not necessarily match the Sure Start area, or if the difference is due to the change in the timing, between 1991 and 1999. The population statistics broken down by ethnicity in the Delivery Plan suggest that 81% of the Sure Start area is White and 16% of Indian descent, with all other categories coming in at under 1%. Census data for 2001 establishes that the ethnic minority population for Nuneaton and Bedworth as a whole is approximately 5%; broken down by wards, some of the sections of the Sure Start Nuneaton area have a particularly high population of Indian descent, and some do not.

### **Research Methods - How the research was carried out**

In our investigation into group delivery of services and its overall effectiveness, we concentrated on two sets of opinions. First we looked at the perceptions of practitioners. We were interested in both their abilities to offer services to children under four and parents and carers of children under four, and their comparisons to roles in other, more mainstream, settings. Second, we asked the opinions of parents and carers regarding the services, and whether they had received important, useable and well-delivered information and support. We also spoke to area residents with young children who did not use Sure Start services, asking if they knew about Sure Start services and what might keep them from using services. In addition, there was support to practitioners in evaluating their own groups and projects, and information from those individual evaluations contributed to this external evaluation. The information we used was gathered from the following sources:

- The Delivery Plan and notes from the Development Director
- Informal and formal discussions with staff, including the Development Director and Programme Director
- Observation in groups
- Initial discussions with the Parents' Forum and other service users
- A group discussion with practitioners

- Questionnaires to practitioners regarding their roles, and separate interviews with some practitioners regarding theirs.
- Interviews with service users
- Brief interviews with parents and carers of children under four in the Sure Start area who were not using services
- Evaluations of sessions and projects by practitioners (referred to as self-evaluations)
- M3 and M5 EMIS data collected by the programme over the last two years
- Research conducted by other Sure Start programmes

#### Research Methods - Sure Start Staff

After initial informal conversations with both staff and parents at Sure Start Nuneaton that contributed to the research design and helped shape our understanding of the service, the first part of the evaluation concentrated on staff. This took the form of a morning's group discussion with staff regarding group delivery of services, as well as interviews with the Health Visitor and the Midwife. Ten staff attended the group discussion, representing most aspects of Sure Start Nuneaton's services. Staff were also asked to fill out a questionnaire regarding their work, specifically so that we understood how their time was spent and the role that groups spent in that, and also how they worked with other staff, both at Sure Start and at other agencies. Nine questionnaires were returned, again representing practitioners across the Sure Start spectrum from services that might otherwise be clinic or hospital based to family support workers and child care and play provision staff.

#### Research Methods - Sure Start Service Users

We learned from staff what they thought worked or didn't work for them regarding group delivery, and also what they thought service users received or could receive from the group delivery structure at Sure Start Nuneaton. Following that we conducted interviews with parents or carers who used services at Sure Start. These were all women, recruited by Sure Start staff from people who attended groups. Twelve women were interviewed in all. Six of those were interviewed for about one hour in their homes or at the Sure Start centre at Riversley Park. Six were interviewed in a Parents Together group put on by Sure Start at Chilvers Coton School.

All of the women interviewed at Chilvers Coton School identified as Asian or Indian, and three spoke English as a second language. During the group, women were interviewed for up to 15 minutes individually or in groups of two or three, sometimes with one member translating for another.

We had hoped to interview parents or carers from the Donnithorne area of Sure Start, the Riversley area, and if possible from the Griff Travellers' site. We also hoped to speak to a mix of ethnicities, particularly White British and Asian,

and ideally Traveller, as these represent the main ethnicities of the Sure Start area (according to the Delivery Plan and Census information) and also the ethnicities of those using Sure Start services (according to M3 data). Of the twelve interviewed, we have a nearly equal split between White British women and women of Asian descent, with no residents of the Travellers' site. In area representation, interviewees are less equally split, with most living near the Town Centre (near Riversley), leaving the Donnithorne area under-represented.

An example of the interview questions is in Appendix 2. The interviews were semi-structured; there was freedom to depart from the set schedule and explore issues that came up during the interview.

#### Research Methods - Area residents who do not use services

In order to understand some of the reasons Sure Start area residents with children under four might not use Sure Start services, we conducted brief, unscheduled interviews with people on the street. We hoped to speak to parents and carers from the two main sections of the Sure Start area, Donnithorne and Riversley, and to have a spread between Asian British and White British residents. To this end, we approached people with young children across from the Kwik Save on Queens Road, at the Asda entrance, at the post office near the Donnithorne Avenue Sure Start provision, at the store next to the Donnithorne provision and at a school with nursery provision in that area. Overall, we spoke to 22 parents or carers. 4 people we spoke to were of Asian descent, the rest identifying as White British. Again, the great majority of those we spoke to lived in the Riversley area. We spoke to three men.

An example of the interview is in Appendix 3. Again, there was freedom to vary from the schedule, which we did quite frequently since these interviews took place at a rush in cold weather.

Interviews with Sure Start area residents are meant to give snapshots of what it can be like to have a young child in the Sure Start area, and to offer some examples of how Sure Start fits into families' lives. While we aim to hear as many voices as possible, no person interviewed is meant to be representative of a larger community. We do feel it is significant, however, that we do not have more voices from the Donnithorne Avenue area, especially because the two main areas are different in the make up of their housing styles and populations.

#### Research Methods - Ethical considerations and confidentiality for interviewees

In order to assure confidentiality, those who agreed to take part in individual interviews signed a form consenting to be contacted by a named researcher, Elizabeth Barner, and provided their telephone numbers on the forms. Those sheets were then posted to Elizabeth who made arrangements with the interviewees. This meant that no Sure Start staff would ultimately know the identities of all the interviewees, though some staff would know the names of

some who took part in interviews, chiefly those who were interviewed at the Sure Start centre, for which Sure Start provided child care. At the time of the interviews, an information sheet was presented to each interviewee and discussed verbally, and she was asked if she wished to continue with the interview.

For those interviewed in the Parents Together group, the member of the Sure Start staff who regularly hosts and facilitates the Parents' Together group at Chilvers Coton school received consent from those present one week to have the researcher present to conduct interviews the next week. Individual consent was then received from each of those the researcher spoke to, sometimes via translation.

It was generally considered that none of the questions asked during the interviews would cause distress to those answering. The interview design and all of the interview documents and the consent forms and information sheets were approved by the Ethics Committee of the Faculty of Health and Applied Social Sciences at De Montfort University. Examples of consent forms and information sheets are in Appendix 1. Consent forms were signed by interviewees and returned to the researchers; information sheets were discussed with interviewees and left with them.

## **Findings:**

Following is a discussion of each of the main methods used for gathering information in the investigation into group delivery of services at Sure Start Nuneaton. Each section includes a list of results or points of learning from that section. In the section on Analysis of the evaluation, we look at all of those points taken together and consider the overall findings.

### M3 and M5 data collected by the programme

From the M3 and M5 data gathered by Sure Start Nuneaton, we know that between 1 April 2001 and 31 March 2002, 347 children had at some point been registered with Sure Start Nuneaton, out of 451 children in the Area. For April 2002 to March 2003, 375 of 524 children were registered with Sure Start, representing 72% of the eligible children in the area, whose families received regular updates about the service. We have M3 data for five months between March and September 2003. These show that during each month, between 102 and 122 children were seen, with between 3 and 16 new children seen each month and a total of 51 new children seen during the 5 months. About half of those registered recorded their ethnicity as British Indian and about half as

White British, though there are a few with roots in Pakistan and a very small number from other areas of the world.

We understand that Sure Start Nuneaton has a high rate of registration in comparison to the national average. The number of registered children, however, does not represent children who have been seen in the Sure Start facilities or at home by Sure Start Nuneaton workers. They may have been registered by their statutory Health Visitor who keeps in contact with Sure Start and passes on information about the programme. About one-third of those registered appear to be seen monthly, which is about one-quarter of the children in the area. These are not static figures and may be dependent on many things.

#### M5 Data - targets

We include here some of the Target data collected annually by Sure Start programmes, but with some caveats. We know that much of this information was not available to Sure Start Nuneaton (the data was held elsewhere), or was not collected, or was not collectible. Further, while the intention of the national targets was to measure change year on year, often expecting to see a change in percentage points, the data collection techniques have changed for some items and the numbers may vary with that. We have included below some target data where comparative data is available.

**Post natal depression:** 100% of women in the Sure Start area with PND were identified and supported in both 2001-2002 and 2002-2003. The identification methods used at that time indicated that about 10% of women experienced PND. The Delivery Plan notes just over 7% as a baseline.

**Re-registration on Child Protection Register:** At the time the Delivery Plan was written, one child was re-registered. Since that time, no children have been re-registered.

**Smoking:** According to the Delivery Plan, 23% of mothers in the area smoked. There was a drop in that percentage according to the 2001-2002 M5 data, which stated that 28 mothers out of 142, or 19%, continued smoking during pregnancy. For 2002-2003, there was a rise, with 30 out of 119, or 25% continuing to smoke.

**Breastfeeding at birth:** During 2001-2002, 68 of 142 mothers, or 47% were breastfeeding at birth. During 2002-2003, this rose to 64% or 76 of 119 mothers.

## Sure Start Staff

The following information is gathered from a group discussion held in July 2003; questionnaires filled in by practitioners regarding how they carry out their work and what hours are devoted to different tasks; individual interviews with the Health Visitor and Midwife; and some informal conversations with practitioners. Staffing levels have varied across the life of the programme; as of January 2004, staff included child care workers, family support workers who both visited families in their homes and coordinated and facilitated groups at Sure Start Nuneaton, a midwife, a child psychologist, a health visitor, a clinical psychiatric nurse, a speech and language therapist, a family support manager, three administrative staff and a programme manager. There has always been at least one bilingual worker.

Ten practitioners attended the discussion, which went on for nearly three hours, and nine supplied answers to questionnaires, an example of which is included in Appendix 4. The group discussion was generally relaxed, with practitioners responding to questions from the researcher, exploring the advantages and disadvantages practitioners experienced in group work and comparing experiences to their work elsewhere. There was also discussion of what seemed to work best within Sure Start Nuneaton as well as concerns and suggestions about mainstreaming the services offered there.

An interview was undertaken with the Health Visitor to gain an understanding of her role within Sure Start Nuneaton. The interview with the Midwife was undertaken in large part because she was not present at the group discussion, and it was important to compare her experiences with those of other medical-based services. The researcher also spoke individually and informally with other practitioners about their experiences.

Below are the points understood from practitioners about group delivery of services at Sure Start Nuneaton. We have tried to record the agreed general opinion where there was one, and to include alternative experiences if there was a majority/minority split over any issue. Because Sure Start Nuneaton is an integrated programme, it can be difficult to divide staff into differing approaches. However, this evaluation concentrates on the effectiveness of Sure Start group-delivered services as they compare to more standard service delivery elsewhere, thus we concentrate on the more medically-based services. In Sure Start Nuneaton, this includes Health Visiting information, Speech and Language, Child Psychology and Midwifery primarily.

### Findings from Sure Start Staff:

**Input from specialists at groups:** Staff reported that most groups at Sure Start had some input from the specialists in medical-based services, and this took many forms. They may take turns with the facilitation of a play group, giving a chance for parents there to ask questions regarding their speciality and

to get to know them. They may be main facilitators for a group specific to their speciality. They may visit play groups or parents' groups, taking time to circulate and get to know each parent and child present, and again be available for individual questions. They may participate in the planning of a group, offering, for instance, play exercises from their area, but not carrying out the exercises themselves. They may offer advice to colleagues regarding issues that have come up for discussion at groups they did not attend.

**Majority of service delivery time was to groups:** Staff generally agreed that most spent the majority of their delivery time delivering services in groups, though this varied some with specialty and there were workers whose main job description was to offer individual support to families, including home visiting.

**Importance of childcare:** For practitioners, the presence of childcare was a great advantage over other positions they have held. It meant that they could hold meetings with parents during which the adults gave each other full attention, and it meant that groups that included parents and children gave the parents some leeway to converse with each other and practitioners. Practitioners also mentioned that the good quality of the childcare provided learning opportunities for parents.

**Different specialists housed together:** Sure Start structure, having staff with different specialties housed in the same building and planning activities together, allows both parents and practitioners easier access to a range of expertise.

**Flexible schedules of staff offered a range of benefits:** Having schedules that were not rigid allowed practitioners a range of benefits, especially when mixed with proximity to one another. They felt they were able to plan groups together with care, pass referrals on quickly, introduce each other to clients, and that parents received quick answers to questions. Staff who had experience of running services jointly with external professionals from other agencies found that often those staff did not have time to plan. This meant the planning was rushed, making the group difficult to run, achievements lower and there was a loss of control over the direction of the group.

**Staff split between Sure Start and another agency offered benefits but some difficulties:** Sure Start staff working part time and different days and hours could make it difficult to schedule planning time and de-briefing time (though not as difficult as they had experienced when not housed together). However, having staff split between Sure Start and other agencies allowed staff to bridge the agencies and in some instances allowed smooth working between them.

**Some practitioners not fully integrated with their 'home' teams:** In other instances, some staff who were split between Sure Start and other agencies felt that though they received line management or clinical supervision at their host agencies, they were not considered fully part of that team. Practitioners reported not receiving referrals from their 'home' teams, and not being able to share the working practices they were engaging in at Sure Start as examples of those difficulties.

**Not duplicating Health Visiting work:** According to the Sure Start Health Visitor, working with local Health Visitors meant that work was not duplicated, and that parents of newborns were not visited twice within the first two months. It contributed to mainstreaming by maintaining a health visiting system within the statutory service and keeping conversation open between that statutory body and Sure Start.

**Groups allowed for follow-up:** One practitioner found it easy to follow up with families who attended groups of a certain number of weeks; she was able to follow their progress. Others agreed that the holistic nature of Sure Start meant that a family might access various services on-site, so practitioners have easier access to follow up with families.

**The voluntary nature of the groups led some families to leave services earlier than might have been recommended by staff:** It was also noted that practitioners occasionally experienced parents or carers feeling that they had achieved the resolution to a difficulty, or that they had seen progress, and thus leaving a group or the service at a point where the practitioner judged that the difficulty would arise again, and before they would have advised the parent to leave had they seen them more individually.

**Staff saw families when they were not in crisis, and believed families saw them as 'real people,' not just professionals:** Several practitioners commented on getting to see families in everyday situations, so that they did not see families as only the 'emergencies' they might otherwise present at their offices. Likewise, they felt families were able to meet practitioners in relaxed circumstances and to view them as 'real people' not just as 'professionals' or perhaps more off-putting, as people interfering in their lives or judging them as parents.

**Personalised service provided:** This easy interaction with families also led to practitioners feeling that they provided a personalised service. Although parents, carers and children might access many different services through groups, they became known personally to the staff who could then provide personalised information, either when a parent or carer asked them or when another member of staff requested consultation or because of their observations of the child or family.

**A preventative service:** Practitioners felt that what they provided was largely a preventative service. Some practitioners had not been able to do this in the past, and felt that it was very important. Those who had experience both of preventative work and of work responsive to difficulties felt that prevention was a better model.

**Parents came to the service because it was aimed at children (and titles of groups reflect that):** It was suggested that titling groups was very important, and that parents were happiest to come to something directed at helping their children, not just themselves. This was considered especially important if the group might focus around sensitive issues such as parenting skills or child development or disability, with the feeling expressed that service users were not comfortable walking into a group that might, by its title, mark them or their families as having a specific trouble. Having a title that denoted a difficulty rather than a learning opportunity also might mean that families would only attend if they felt they had that problem, thus removing some of the preventative benefits of a group open to all.

**Groups provided an ideal learning atmosphere:** Practitioners felt that semi-structured groups allowed parents to gain the greatest possible information. This was due to the relaxed atmosphere, an ideal learning situation, and one in which practitioners were able to 'throw in' information that they felt would benefit parents even though they may not request that information.

**Groups provided good social support and stress-free time:** Staff mentioned that they observed parents relaxing in groups and chatting about difficulties with other parents. They also said that parents reported liking a break from children, time with other adults and time out of the house. A couple of practitioners suggested that this could lead to a reduction in stress and better mental health for parents.

**Staff may feel judged by their peers in groups:** Staff suggested that in groups where more than one member of staff was present, they could fear judgment from their peers, and this could be intimidating. De-briefing amongst staff was considered important.

**Staff had different experience and training regarding groups:** Staff said that they had different levels of experience of delivering group services and had learned different styles. They suggested that this could cause difficulties because they had different expectations. They had not received training about groups at Sure Start.

**Families seen by practitioners who would not be otherwise:** Practitioners felt that some families came to groups who would not receive home visits. They

suggested that this was because a group was a “safer” option for many parents. They pointed to play provision being especially well attended, as it is a “safe” group, centered on the child rather than the parent. They also noted that many parents showed interest in groups and then did not turn up.

### Parents / Carers / Community Members who use services

The findings below are from interviews with parents and carers who use Sure Start groups. We conducted interviews with twelve women, about half of whom identified as White British, and about half of whom identified as Asian, Asian British or Indian. Fewer than half of those interviewed came from the Donnithorne section of the area, and none from the Griff Travellers' site. While we did not intend to interview in such numbers that they would represent an aggregate community opinion, we wish that there were more voices from the Donnithorne area. However, we believe that these interviews help illustrate Sure Start's role in its service users' lives.

**Families used more than one group or service:** Most of the parents we spoke to had used more than one service, though they didn't always know that. When asked what they had attended at Sure Start, they easily recalled groups for their children, but later in conversation an adult class or some individual support might be referred to.

**Parents and carers received usable information at Sure Start:** Parents and carers who used Sure Start services appeared to value the relaxed atmosphere of the building and of the services, and to find that it contributed to receiving useable information. One said it was 'like talking to friends' when she described speaking to staff. Another valued that she could ask any member of staff for anything at any time. She said: *Staff are there for you if you need it – you can snag someone as they go by.* Another said it was very important to her that she didn't feel judged as a parent: *They never judge, say, 'That's wrong.' Instead they give alternatives. They never say a difficult child is your fault, but 'All kids are different.* One parent stated that the information she received from Sure Start Nuneaton was much more useable for her than information she received from her general practitioner: *Doctors are always busy. They refer you on or tell you to schedule another appointment, and you don't always know why. They don't explain. At Sure Start you can ask more than once, and they speak to you in words you understand.* One parent recounted using information she had received at a First Aid class. One said that the Breast Feeding support group had helped her continue feeding.

**Structure of parent/child groups appreciated:** On the other side of that informality, they appreciated the rigour and organisation of the childcare. Those parents who had been to other parent/child groups especially said that

they preferred both the adult and child components of Sure Start's parent/child groups. They felt that the children's play was more organised, less chaotic, and they felt that parents were conscientiously brought into the group more and made to feel welcome. It was a complaint about other parent/child groups that they were cliquish and new members felt excluded. This was mentioned in a lesser fashion also about Sure Start Nuneaton's parent/child groups. One parent, while she was happy with her welcome in the group, was also happy that it was not overly friendly. She was glad not to have very personal chat with other group members, but to have structured play time for the children, information for the adults and some, and not too much chat around coffee.

**Groups gave a place to talk to others in similar circumstances which provided many benefits:** All parents and carers we spoke to were happy that they were able to meet at Sure Start and talk to people in similar circumstances to themselves, with at least one young child and at home during the day. One parent said that speaking to other parents boosted her confidence as a parent, it *'let you learn the truth about being a parent'* and let you know that your problems were shared by other parents and carers. Another said, *'you get your mind back from toddler things.'* Other comments were:

*You forget other life stresses.*

*I get to meet different ladies.*

*It gives you conversation with other mums, and it's good to get out.*

*Groups for children help with stress. Sure Start takes you away for a bit, alleviates.*

**Children became comfortable with other adults and children and social skills developed:** Parents and carers of toddlers have generally noticed that their children became more comfortable with other adults and children after attending Sure Start, which led to various positive developments, including making it easier to leave the house with the children. One mother said that now she goes to the park with the children, because they like going out more, and she never used to. Another mother said that the parent/child group she attended, *'really brings out my daughter.'* And another said that her son had learned to share at the group because the kids *'get to mix and play with other children their age.'* Finally, a mother recounted that her daughter was *'much more confident at the group; she says "no" and "stop it" and "don't" in English.'*

**A free service:** For all of the parents we spoke to, having free services was very important. Not having to pay made it easier, or in some cases possible to access services. The more children a parent had, the more this seemed true. The only down side to the benefits of having a free service that a couple of parents suggested was that it might encourage service users to sign up for groups or classes and then not attend.

**Looking for a place for children:** When parents started using services at Sure Start, they were usually looking for a place for their children to play and to meet other children.

**Groups allowed parents to get information without identifying themselves as having a problem:** Several named the fact that there were groups, and those groups were structured around children generally, not around problems, as a big advantage of Sure Start compared to other places they had sought information and support. One said: *You get different information each week, so you don't have to say, 'I have this problem...' it just comes up in conversation and you get support.*

**Sure Start area residents did not seem to know what services Sure Start offered:** This was mentioned during an early group discussion with parents, and by most parents interviewed. All, essentially, said that they didn't know what groups they could attend until they had already attended something, and that over the time they spent at Sure Start, they learned about other topic and age-specific groups and learned what specialists were available. One mother said: *I came because it was easy to access, free and the staff were friendly. Once I was there, I got to know about other group things and kept giving them a try.* Another said: *I would have been the first at the door for aquanatal and yoga when I was pregnant, and for baby massage later, but I didn't know about them then. I heard about a few things from [a relative] but she didn't have any leaflets or anything.* And a third said: *Once you join up for one thing, then you find out that so much else is available.*

**Unfilled places:** Unused spaces that could have gone to another family, or courses or groups that didn't run because of low attendance were concerns expressed by a couple of parents.

**Waiting list presented difficulties for families:** The waiting list was difficult for several parents we spoke to. They spoke of lengthy waits to attend groups or classes and the fear that a child might age out of a group before a place became available. Parents also wondered if having a waiting list meant that people who were already in touch with services were able to access more, while those who were not so often in the Sure Start building missed out because groups or waiting lists became full on a first-come, first-served basis.

**Other services desired; for fathers, in the school holidays, childcare:** When asked what services they hadn't seen that they might like, the most commonly listed were *'something for fathers,'* services during the school holidays and childcare for appointments, shopping, etc. When discussing services for fathers, it was usually understood that fathers would be working during the Sure Start Nuneaton business hours, and this generally meant services on Saturdays. Asian women at the Chilvers School Parents Together

session said that Saturdays were the only option for their male partners to attend because the family was generally busy at the mosque in the evenings. The women we interviewed were especially interested in services during the school holidays if there was provision for older siblings, but felt that even if there wasn't, it would be nice not to lose the continuity of weekly sessions. Several people talked about the hassle of taking multiple children to the doctor, for instance, and suggested childcare for short sessions.

### Area residents not currently using services

In all, we spoke to 22 people who did not use services, 13 in the area around Riversley and 9 in the area around Donnithorne. All of the people we spoke to had young children with them and paused briefly on their way elsewhere during cold weather, so we do not have 22 complete interviews. 18 interviewees identified themselves as being White British, including all of those from the Donnithorne area, while the other 4 identified themselves as being Asian British or Indian. They had children between the ages of 2 weeks and 3 years. We have broken the responses into the two main Sure Start areas because there are a small number of differences that seem important.

#### Riversley

Most people had heard about Sure Start (only one person was uncertain).

Only three of twelve thought they were registered.

About half remembered that they had heard of the service through the Health Visitor; others were uncertain, had received a leaflet in a pack from the GP, had learned of services from a Sure Start worker. Of particular note here is one parent who had recently received information about Sure Start services at a play group, even though the child in question had been receiving clinical services for over a year in the Riversley Park building shared by Sure Start.

Just over half knew where it was, or thought they did.

They were less certain about what Sure Start did, with around half of those who responded saying they didn't know.

Of those who knew what Sure Start did, they identified the social side of the service, 'meeting people in the same boat,' 'groups, meeting mums,' and they recognised that young children were involved.

When shown a list of the services available, the majority identified something that might be useful to them, both adult and children's groups. One person was interested in breast feeding information. One was not interested in any services listed because they felt another children's play group they went to met their needs.

When asked what other services might be of interest, most people were uncertain, but the few who ventured opinions thought that groups for fathers or services outside normal working hours would be helpful.

When asked if there was a particular reason they had not attended groups, they generally said they hadn't known what was available, and showed an interest in attending in future. Two people said they hadn't attended because they had started working and were not available during the day.

### Donnithorne

We had slightly different conversations with people in the Donnithorne area, largely because they said that they used or had used services. It was only after asking additional questions that we learned that they really knew very little about the service or what was offered. These were generally even shorter interviews than those in the Riversley area.

All of the people we spoke to in the Donnithorne area said that they knew about Sure Start, and generally knew that they were registered there and received information through the post. They also identified themselves as having attended services and being somewhat involved in Sure Start. However, that was generally at least 6 months in the past and they had attended quite briefly, not more than three sessions.

Everyone we spoke to knew where the Donnithorne avenue provision was, but only half knew where the Riversley provision was.

Each person we spoke to confidently talked about the Donnithorne Parents Together session as being what Sure Start did, but were rather surprised to know about other services such as adult classes and groups for different ages.

When shown a list of groups, people generally said that they might be interested if they were near by and if they had time to attend. When talking about the pressures on her time, one person said, *'I usually do my shopping in the mornings when the older ones are at school.'*

When asked if there was a particular reason they had not attended sessions beyond the ones they had attended earlier, most people said there wasn't a reason, and that generally things were fine as they were. One father encapsulated many others' remarks when he said, *'I just haven't really got around to it. I've got my family near by, so if I have any little questions I talk to my mum first and she usually knows, and my sister will take care of the little one.'*

Interestingly, while talking to parents and carers waiting for the children to come out from nursery school, people would say that they didn't need Sure Start, often citing family who would help out, but they would direct the researcher to another parent who, *'really has [her/his] hands full'*. That person would often say exactly the same thing.

### Self Evaluation

As noted earlier, evaluation of groups, classes, sessions and projects by practitioners became an important element in the external evaluation. Support

was given to internal self-evaluation, and findings from practitioners' self-evaluation lend information to the external evaluation.

Across the evaluations, the observational information appeared to be of more use to staff than questionnaires, and more reliable. The method of evaluation chosen will always be dictated by the type of information sought, but it consistently seemed that observation and reflection by practitioners offered them insight into the running of the group, any changes that might improve it, and what successes might be occurring for people who attend the group. Questionnaires sometimes suffered from being overly weighted toward positive responses, and of course they go only to those attending sessions, so we don't know if the views expressed represent the community as a whole. We recognise that keeping written language straightforward while using the negative can be quite difficult. The Sure Starters groups seemed to use questionnaires in conjunction with observation to good effect.

A few themes that went through the self-evaluations:

- Overall, people who took part in evaluated sessions tended to be satisfied with the services received. They often wanted them to continue.
- Practitioners were concerned about families who attended a few sessions of a group, but then did not return. Often, they had been told why the family needed to drop out. Some noted that it would be good to do follow up evaluation work with them.
- A few practitioners mentioned being worried about overwhelming clients with too much evaluation. One remembered a parent commenting on yet another evaluation, and one commented that she wasn't sure parents would tell her if they thought anything was wrong with a session or group, or write that down. [We can only suggest here, perhaps more recording, by staff, of what they see and hear, or more integration of evaluation into sessions would mean less group time spent on a separate evaluation and would be less overwhelming.]
- There was evidence of staff changing their groups or sessions based on feedback from community members. For instance, the amount of discussion time was changed for one group, and toys were stocked in the Toy Library based on parents' wishes.

## **Conclusions**

We consider all of the findings above important. They offer windows into the experiences of both Sure Start area residents and staff of the programme.

Where we look particularly for conclusions, and feel that the findings best help explain how Sure Start Nuneaton can function in families' lives, is in the places where we heard similar observations, where there was harmony in the voices of staff and residents.

### Childcare

Especially significant for both parents/carers and staff was the presence of childcare. Childcare was raised by all sources as central: practitioners felt that both its existence and its quality made their jobs easier and improved their work. Parents and carers often said that they had been searching for a children's group or entertainment for their children when they found Sure Start, that they were pleased with the quality of the care and the set up and surroundings, that they were comfortable leaving their children alone in the crèche because the children seemed to enjoy it. It is the central nature of childcare that characterizes the group approach at Sure Start

### Style of provision

Free, informal, non-judgmental, child-centred open-access sessions were particularly beneficial:

- Parents found them approachable, non-stigmatising, comfortable
- They learned:
  - About feeding their children and establishing sleeping patterns.
  - What services were available to them
  - Ideas for entertaining their children, which also emphasised bonding with their children, paying attention to them, helping them develop.
  - Many things personal to their situations
  - First Aid
- They met people in similar circumstances to themselves and compared notes, gaining confidence and reassurance, and were able to offer that to others.
- Their children developed social skills.

### Interaction of practitioners and parents

Regular sessions attended voluntarily by parents and staffed by multiple practitioners were beneficial because

- It allowed parents to talk to practitioners at their own pace and on their own terms, and they got their questions answered
- It enabled parents to see practitioners as real people, and to trust them
- Both parents and practitioners felt that a personal service was offered
- Practitioners were able to follow up the progress of families
- Practitioners got to know parents and children personally and saw them when they were not in crisis situations
- Practitioners felt they were offering a preventative service.

### Structure of the service

Partnership working, in which staff with different specialties are housed together:

- Increased capacity of practitioners to plan, communicate, refer, avoid duplication
- Gave parents easy access to different specialists

### Staff were split between Sure Start and other agencies

- In some cases this allowed staff to bridge agencies and practice
- And in other cases, it left staff feeling that they were not completely part of their home team and there was not a transfer of information and comparison of practice.

### Capacity and marketing

- Waiting lists presented various difficulties (discussed further below)
- Through this evaluation, we have not learned to what degree residents of the Donnithorne area are using Sure Start, and whether it is marketed for that community. For many of the people we spoke to in Donnithorne, groups for children were not the draw that they were for others we interviewed. This does not mean that Sure Start services would not be valued by families there. We did interview a small number of people from the area who used services, and they reported liking and appreciating Sure Start. They also described relationships amongst neighbours in the Donnithorne area as aloof. People we interviewed on the street there related not needing Sure Start because they had strong family support. From this, we wonder if residents without close family relationships in the area may be particularly isolated.
- There are questions about whether there is capacity, within the Sure Start buildings and within current staff time, to expand the service to see more than the current number of children each month.

### **Groups appear to be working for the delivery of services.**

For the circumstances we were able to investigate, our findings indicate that the answer was 'yes': the group-delivery of services is providing service users with information, support and access to specialists that they would not have if Sure Start Nuneaton were not there. Practitioners felt they were seeing area residents who might not present to clinics or other statutory services, and that they were able to detect possible problems earlier than they might otherwise. Parents felt that they were better able to use the information that they received from Sure Start staff than they had that from other offices and agencies, and that they received more information. Sure Start Nuneaton is not an equal replacement for more traditional services. The focus of services is prevention and the approach is holistic, looking at the entire family and the family situation. Because the approach to social, emotional and medical

difficulties is preventative, with a rapid response, practitioners hoped to lessen the burden on other statutory services in years to come.

Overall, the estimate from both staff and service users is that more services reach more people earlier than they might via conventional delivery. Further, emotional support and reassurance is given as well as information regarding children and child development, both through staff and peers, and this is considered preventative of emotional strain in families. A final additional benefit to the group delivery style was the break, both for parents and children, that sharing a social time with others offered.

Parents felt that their children's social skills improved with group attendance, preparing them well for school and independence, and allowing parents more comfort because their children were comfortable.

A cornerstone of Sure Start Nuneaton's delivery of services to groups is that parents chose to come to the services offered. They reported that their children enjoyed the groups, and that the adults gained a great deal from them. It is important to note that the service would not be affecting families in the way it is if it was not voluntary and actively sought.

### **The Sure Start Objectives:**

This evaluation did not specifically set out to address Sure Start objectives, but to look at the delivery of services via a certain model. We do, however, think that it is important to look at Sure Start Nuneaton in relation to the national Sure Start agenda. The objectives are listed below. We feel that the paragraphs above demonstrate that Sure Start Nuneaton is making headway in all of the objectives. A brief note is appended to each objective illuminating some highlights.

#### **Objective 1**

*IMPROVING SOCIAL AND EMOTIONAL DEVELOPMENT, in particular by supporting early bonding between parents and their children, helping families to function and by enabling the early identification and support of children with emotional and behavioral difficulties.*

Parents were very pleased with adult/child groups, and cited the structure of the groups as being better for them than other groups they had tried, highlighting the ways of entertaining their children that they learned there. These were often entertainments that staff had designed to be bonding and to promote development.

Families using the service felt that they were able to bring concerns to specialists, and more broadly, to people who cared about their situations.

Practitioners felt they were seeing families they might not otherwise see, and were able to refer them on if appropriate. Thus there is the chance of addressing emotional and behavioral difficulties early on.

With regard to targets listed under this Objective, according to the M5 data, no children have been re-registered on the Child Protection Register since the programme started delivering services. Also, an increasing number of mothers is being identified with Post-Natal Depression and all have received support. From the methods of evaluation used and the data available, we cannot make a direct link between group-delivery of services and these particular targets.

### Objective 2

*IMPROVING HEALTH, in particular by supporting parents in caring for their children and to promote healthy development before and after birth*

Parents reported using information from the First Aid class. They also reported receiving support through the breast feeding support group so that they were able to breast feed successfully or longer. Many expectant mothers took time with the midwife around the aquanatal sessions. And, again, parents reported appreciating the ability to ask questions of health professionals and receive answers they could use.

With regard to targets listed under this Objective, according to the M5 data, the percentage of mothers who smoke during pregnancy has been variable, from a base of 23% in the Delivery Plan falling to 19% in the first year and rising to 25% in the second. The percentage of mothers who smoke may be greater than originally thought or the population of the area may have changed over these three years. The percentage of mothers breastfeeding at birth increased from 47% in 2001-2002 to 64% in 2002-2003. Again, we cannot make direct links between the style of provision and the smoking cessation target; with regard to breastfeeding, the breastfeeding support group was mentioned by parents who had used it as providing information, help or support they needed in order to breastfeed successfully.

### Objective 3

*IMPROVING THE ABILITY TO LEARN, in particular by encouraging stimulating and enjoyable play, improving language skills and through early identification and support of children with learning difficulties*

As with Objective 1, child-centred groups provided activities designed by specialists to encourage child development and parents learned how their children learn. As children get older, there are also specific groups, designed with feedback from the local nurseries, which prepare children and families for the transition to nursery. Some parents reported that their children who had attended Sure Start groups were more prepared for nursery than their siblings

who had not. They cited their familiarity with the nursery routine and their comfort with other children. Thus they settled into school life easily. Additionally, the access to specialists could allow early identification of learning difficulties, both through observation by staff and because parents were able to voice any concerns.

#### Objective 4

*STRENGTHENING FAMILIES AND COMMUNITIES, in particular by enhancing families' opportunities for involvement in the community and improving the sensitivity of existing services providing family support*

Within its own structure, Sure Start Nuneaton recruits parents and carers to a Parents' Forum and has seats for parents on its Management Committee and Partnership Board, as well as volunteering opportunities. It is hoped that all of these offer area residents an opportunity to be involved in planning a community service, and that the input of these community members makes the service responsive to area residents. In addition to this, groups have a social aspect, and parents have reported that they met neighbours at Sure Start groups, and now occasionally share childcare or meet socially outside of Sure Start. Several parents said that they valued talking to other adults and having a break from 'just children'. Sure Start Nuneaton also offers a Family Support service that provides individual support to families.

#### Objective 5

*INCREASING THE PRODUCTIVITY OF OPERATIONS in the programme to young children*

Sure Start Nuneaton provides meeting places and play-based sessions for approximately 120 children (a varying number) each month as well as funding nursery sessions for three year olds. In addition, it works with other agencies in the Sure Start area. For instance, with the statutory health visiting service, Sure Start is careful not to duplicate the home visiting services, while offering additional access to a Health Visitor in group sessions. A number of parents reported that they had experienced difficulties in gaining access to their statutory health visitor when they had concerns or questions they wanted answered, which was not the case with Sure Start.

#### Inhibiting Factors

The main part of our evaluation shows a service that works for those who use it. However, the Sure Start style of delivering services is vulnerable to changes in any of its partnerships, its funding, the community and the programme itself. In this section we outline significant factors we feel make Sure Start vulnerable or hinder the service in delivering as fully as it could.

### Marketing and outreach

Sure Start Nuneaton is a dynamic programme, not just vulnerable to changes but also responsive to them, and constantly adjusting itself to what it recognises as community needs. It requires an on-going dialogue with community members and other services in the area, and particularly effective communication with service users and potential service users in order to let them know what is available. There are three significant pieces of information which came up in the evaluation that point to the need for more effective marketing of Sure Start or outreach to the programme:

- Service users said they didn't know what services were available until after they had been to a group or service. This could have a negative impact on the ability to intervene early with difficulties families face.
- People on the street knew about Sure Start, and more than half we spoke to knew they were registered. However, they did not know where Sure Start was, nor with precision what the programme did. We showed people Sure Start flyers, and many felt that at least one group would be useful to them.
- Those we spoke to in the Donnithorne area seemed to feel that the Sure Start groups offered childcare, and that they did not need what was on offer. Interestingly, they seemed to feel that their friends and neighbours did. This seems particularly important because it was different from the opinion of those who were using services, who often said that they were looking for places to take their children.

We understand that since this information was first presented, the Programme has taken steps to address marketing needs.

### Capacity

According to M5 data, about 70% of eligible children in the Sure Start area are registered with the programme. We understand this compares very favourably with the national average. According to M3 data for 5 months of 2003, the number of children seen each month ranged between 100 and 122. In conversation with practitioners, they didn't feel that there was time in the day or physical room to run more groups than they were doing. Clearly, if all 375 children wanted access at once, that would be impossible. There were some other issues of capacity that were found in the evaluation fieldwork:

- Service users and staff found waiting lists difficult, and both said they had grappled with them and were trying to come up with solutions:
  - Parents were worried about children aging out of groups before they got places.
  - It was a source of annoyance to service users when a group place was left open for someone who didn't take it up.

- Some families had waited months to attend groups, which could mean waiting to begin using services at Sure Start and accessing other information there.
- One person interviewed on the street had tried to come to a group, but was turned away due to the group being full, and hadn't been back.
- Both parents and staff wondered if they saw the same faces, and whether services were available for new people who would like to attend. This was highlighted especially because group places were given on a first-come, first-served basis.
- There were requests from service users and potential users for services that fit around working parents' schedules or gave something for families to do on Saturdays.
- Some service users and potential service users suggested sessions specially for fathers, though they particularly emphasized sessions outside of normal business hours in order to accommodate fathers.

The ethos of Sure Start is centred on offering services with the community, but with a limited capacity the programme could end up as a gatekeeper for services. This is a particular worry given that both parents and practitioners said that people used more services the longer they attended Sure Start. Thus access to, for instance, the Child Psychologist might be unavailable to residents who had not yet attended a parent/child play group because they were full.

It is important to consider marketing alongside capacity, as improved access to information about Sure Start might lead to further demand for services which could not be met; there are already some waiting lists. This would be a source of some difficulty for a programme that is built on being open to all, and intended to be non-stigmatising because of this.

The issue of capacity, and therefore access to services, seems to be a great challenge for the programme. The system of delivery of services by groups appears to give a very full service to those who are able to access it. Many benefits were articulated that are not available, or as easily available, in a one-to-one professional-client setting, such as social support, stress relief and improved access to information, as well as the social development of children who play with other children. In addition, it was felt that people who would not otherwise receive services had come to the groups offered and thus participated in many services. However, with the current style of provision, the capacity of the programme may only be one-quarter to one-third of the eligible children in the Sure Start area, and thus the programme is faced with the rationing of services. We know that community members and staff involved in managing the programme have struggled to find an answer to this dilemma, and

that establishing waiting lists was one attempt to address the difficulty. However, waiting lists still leave some families with a delay in services for which they may not wait, and this will be exacerbated if more area families wish to use services. We feel it is important that the programme consider this significant worry alongside the successes of group-delivery.

## **Mainstreaming**

One of the hopes for Sure Start centres was that they would create new ways of working that address the needs of area residents most in need. Sure Start practitioners feel that some of the working practices they have developed together provide better results for themselves and their clients than previous habits did. The immediate question that follows is whether these will be continued as Sure Start funding ends and mainstreaming of the service goes forward. Some of the conversation with practitioners was around mainstreaming and what changes they thought could or should be taken up by other services, what changes might need to be made, and what barriers there are currently to those changes. Practitioners felt that services needed to remain local to community members, and also mentioned the need for partnering agencies to maintain an interest in Sure Start and its practices.

Staff and parents see Sure Start Nuneaton as successful because it is integrated. We wonder if some of the capacity and marketing issues raised could be met through the partnerships that help make up Sure Start in Nuneaton. As Children's Centres are designed and introduced in Nuneaton, we wonder if there is a possibility of rolling out Sure Start services to more venues.

## **Recommendations**

### **Further investigation of capacity issues**

We recommend that the programme investigate capacity generally, and some items we would include are:

- Space for services
- Staff for services
- Timing of services and groups, and services outside of standard working hours
- Waiting lists

### **Who is using Sure Start services?**

A detailed investigation into who is using Sure Start services, from EMI S data currently held by the programme and with the help of partnership agencies may shed light on pockets of the population who are not using services. We understand that some of this is underway, and that the programme is in

conversation with Social Services. Profiles by geography, age, ethnicity and other items may give insight into areas or groups of people who do not know about the service, or choose to use it, or do not believe it is for them.

#### Marketing of Sure Start

Marketing of Sure Start, both to agencies that don't know about it and to potential service users, and allowing area residents a clear understanding of what is available. We understand that this is underway.

### **Next steps for the evaluation**

Plans are underway to begin the evaluation of Sure Start Nuneaton's Family Support service. This will continue until March of 2005, and will look at the impacts that individual services to families can have. An outline design is available, giving details of the information sought and where we expect to collect that.

Feedback on this report to:

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## **Appendices**

### **Appendix 1 - Consent Forms and Information Sheets**







## Appendix 2 - Staff Questionnaire

### Sure Start Nuneaton Team Discussion about Group Delivery of Services

#### Questionnaire in preparation for discussion - 14 July 2003

Please, please, please fill this out and return to me by 9 July 2003.  
You can save the file on the computer, fill it in there, and return it to me as an attachment, or print it out, fill it in by hand, and return it to me by post. The addresses are:

[ebarner@dmu.ac.uk](mailto:ebarner@dmu.ac.uk)

Elizabeth Barner  
Youth Affairs Unit  
De Montfort University  
Gateway House 4.72  
Leicester LE1 9BH

*THANK YOU!!*  
*- Elizabeth*

W: 0116 207 8775

M: 07745 410 970

Name: \_\_\_\_\_

Team: \_\_\_\_\_

Position: \_\_\_\_\_

Time in post: \_\_\_\_\_

Projects in which you are involved:

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1. What targets is your project working toward, from the Sure Start Nuneaton Delivery Plan or other targets if those have changes? How are you keeping track of that?
  
2. Besides targets and measurement for monitoring data, how do you gauge success for your project?
  
3. With whom do you work most closely at Sure Start?
  
4. What projects do you work on together?
  
5. At Sure Start, who else do you work with, and on what projects?
  
6. With whom do you work closely at other agencies?
  
7. Do you have line management / secondment from a different agency, and which one?
  
8. What background do you bring to Sure Start? What was your last main post?
  
9. What would you like to learn about the service you are providing at Sure Start? How are you going about that, or could you go about it?

10. Please tell me how you spend your time during a typical week.  
 Are you running groups; preparing groups; attending meetings; liaising with other agencies; meeting individuals or families; chatting over coffee; on the phone; elsewhere, other, etc.?  
 If you can indicate which 3 things take the most time, that would be handy, and please note which of your time is Sure Start and which is not, if that is applicable.

	Morning	Afternoon
Monday:		
Tuesday:		
Wednesday:		
Thursday:		
Friday:		

## Appendix 3 – Interview with Service Users

### Sure Start Nuneaton

#### Interviews regarding the services offered.

What you tell me is in confidence. The information that will go back to Sure Start will not include your name. To the best of my ability, there will be no other way that Sure Start would be able to recognise you. I won't describe anything about you that I think would let them recognise you, and I won't use your words exactly. The opinions and experiences you tell me about today will go back to Sure Start along with those of other people who live in the area. They will be used to give Sure Start an idea about how its service is doing, and suggest any improvements.

It is really helpful for me to know instances in which Sure Start has been helpful for you and your children. What was helpful? Why was it helpful? What changes have you noticed due to Sure Start?

Date:

1) Name:

2) Age:	
3) Number of children and ages:	
4) Ethnicity:	
5) Which area do you live in?	
6) Time in area:	
7) How long have you been using Sure Start:	
8) When did you first hear about Sure Start?	
9a) What drew you to the service?	

<p>b) What keeps you coming back?</p> <p>c) Why would other people come?</p> <p>d) Why wouldn't they?</p>	
<p>10) Which things do you attend, or have you attended at Sure Start?</p>	
<p>11a) Do you attend every session? Why/why not?</p> <p>b) Have you ever been put off by something that happened at Sure Start?</p> <p>c) Do you go alone/ with a friend or relation?</p> <p>d) Which SS staff do you see?</p>	
<p>12) Talk me through that service: what happens when you arrive, as the group gets going, as it winds down, afterward?</p>	

<p>13a) Overall, what do you think parents with children under four could use help with?</p> <p>Do parents know that when they're starting out as parents?</p> <p>b) Who might they look to for support?</p> <p>c) Do needs change if they also have older kids?</p> <p>d) Of those needs, which ones is SS helping with?</p> <p>e) How so? [3 needs and 3 examples?]</p>	
<p>14a) What's the single biggest challenge for you, as a parent?</p> <p>b) How does it affect you and your child and your family?</p> <p>c) Is SS helpful with that? What could it do?</p>	

<p>15) Can you give me an example of a worry or frustration or difficulty you hit and a way SS was helpful?</p> <p>b) How could it have been more helpful?</p>	
<p>16) For you, what do you think works about SS?</p> <p>What do you think you've gained from it?</p> <p>From what activities especially?</p> <p>What do you like?</p>	
<p>17) What would you change about SS?</p>	
<p>18) Have you seen changes in your child since using Sure Start services?</p> <p>What changes?</p>	
<p>19) Have there been changes in your life since coming to Sure Start?</p> <p>What changes</p>	

20) What's a big aspiration in your life?  b) What would help you on the road to it?	
21) What about for your child?	

## **Appendix 4 – Interview with area residents not using services**

### **Interview questions for those who do not use services**

1. Age of children?
2. Area of Nuneaton you live in?
3. Ethnicity?
4. Have you heard of SS Nuneaton?  
How / From whom?
5. Do you know where it is?
6. Are you registered at Sure Start?
7. What is it for – what is the aim of Sure Start?
8. Who is it for?
9. Would any of these groups be useful to you?  
SS flyer
10. Are there any things that you would change about the programme, to make it more 'right' for you?
11. Can you tell me the reasons you haven't been to Sure Start?  
(essentially – things about the programme and things about life)
  - a) Getting there
  - b) No need
  - c) Programme not for them
  - d) Other things available

12. What do parents of young children need?
- a) In terms of health advice and information
  - b) In terms of information generally – services, housing,
  - c) In terms of information and help with children’s education
  - d) In terms of emotional support, someone to talk to, reassurance
  - e) In terms of education for themselves (to support children’s learning; to earn more)
13. What problems have you come up against that could use some support or information?
- Child care?
  - Health information?
  - Place to meet other parents?
14. What services do you use?
- Housing services
  - GPs
  - Health Visitor
15. Where would you turn for help as a parent?
16. What would be attractive in a child centre?